



DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Sierra Pacific Network  
201 Walnut Avenue  
Mare Island, CA 94592

**Subject: Medical Statement for Service-Connected Disabled Veterans in order to obtain waiver of California Department of Motor Vehicles registration fees.**

This is to certify that \_\_\_\_\_ meets the service-connected qualifications  
(Veteran's Name)  
of a Disabled Veteran, according to the provisions of the California Vehicle Code Section 295.7,  
as identified below (check one or more boxes):

Has a service-connected disability which has been rated at 100% disabled due to a  
diagnosed disease or disorder which substantially impairs or interferes with mobility; or,

Is so severely disabled as to be unable to move without the aid of an assistive device; or,

Has lost, or has lost use of, one or more limbs; or,

Has suffered permanent blindness as defined in Section 19153 of the California Welfare and  
Institutions code.

I certify that I, \_\_\_\_\_ am an authorized employee of the United  
(print name)

States Department of Veterans Affairs and I certify under penalty of perjury under the laws of  
the State of California that the information I have provided is true and correct and that I will  
retain information sufficient to substantiate the certification and shall make that information  
available for inspection by the Medical Board of California, at the department's request. (CVC  
Section 22511.55). (Note: Assembly Bill 2777, Statutes of 2010, removed the requirement that a  
physician sign this certification.)

Executed at (City/State): \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Phone #: \_\_\_\_\_

**Veteran:** Deliver this form, along with a completed and signed DMV form REG256A, to:

- 1) A local DMV Field Office, or
- 2) By mail to: DMV

Special Processing Unit, MS D238  
P.O. Box 932345  
Sacramento, CA 94232-0001